EXHIBIT 64

Page 1 of 2

Contact Form (SC001 REV2005)

Auto Ma	il						
FROM:			* required				
SUBJECT.	Contact Form (SC001 REV2005		j regaries				
l		,	-				
DATE:	02-09-2007		* required				
Division	/Pharmacy Name						
Company:							
Amerisourc	eBergen						
City, State:							
Corona, CA	Corona, CA						
Contact Date and Time:							
2/9/07 at 1	.0:13 a.m.	was a same of the fact that th					
Associate I	Name:						
Alesia Brow	vn	* required					
Type of Co	ntact:						
₩ Visit	☑ Phone 📴 Mail 📓 Fax	᠍ Other					
Contact W			100 May 100 Ma				
☑ DEA	🕅 State 🛮 🗖 Other Regulator	у					
Representa	ative's Name:						
Lisa Young							
Title:							
DEA Divers	ion Investigatior Supervisor	. ,					
Office Pho	ne:						
951.328.62	01						
Office Loca	ntion:						
Riverside O	ffice						
Brief Report of Contact							
Account Na							
		i					
Account No	umber:						
		- Vincent					
Purpose of	Contact:	The state to the state of the s					
Reques	t for Information from division	on 🗹 Division req	uesting information from agency 🔯 Division				
requesting clarification of a 222 Blank Division reporting suspicious order Cother							
Invoice Nu							
Product:			The state of the s				
Follow Uz 1	Paguirad		150				
Follow Up Required: No 19 Yes * required							
- Teo Tegunev							
Comments	Comments:						

file://C:\Documents and Settings\ab2971\Local Settings\Temporary Internet Files\OLK28\Contact Form (SC0... 5/1/2007

Page 2 of 2



Called DEA Supervisor Lisa Young regarding Fallbrook Pharmacy, Fallbrook License has expired, they have been under investigation with the San Diego DEA office. San Diego DEA Office has provided a letter for Fallbrook allowing them an extension to order product, however, they will not renew their license. San Diego Office asked Corona to continue selling product to Fallbrook and provide information to their office as to their purchases.

Copyright © 2002 AmerisourceBergen - All Rights Reserved

 $file: //C: \label{local_Settings} Temporary\ Internet\ Files \label{local_Settings} Contact\ Form\ (SC0...\ 5/1/2007). The settings \ and S$

Page 1 of 2

Contact Form (SC001 REV2005)

·						
Auto Ma	il					
FROM:	kbrizendine@amerisourcebergen.com		* required			
SUBJECT:	Contact Form (SC001 REV2005)					
DATE:	02-02-07		Amounted			
	02-02-07		* required			
Division	/Pharmacy Name					
Company:		-				
Corona Division						
City, State:						
Corona, CA						
02/02/07	ate and Time:	1				
Associate	Namot					
Kim Brizen		* required				
Type of Co		J required				
	☑ Phone 閱 Mail 圖 Fax ☑ Othe	r				
Contact W		AMARIA SA MANITORIO ALTORON ATRA IL TRATI	The state of the s			
▼ DEA	State 🔯 Other Regulatory					
Represent	ative's Name:	-				
Theresa Ga	irnett					
Title:		-				
	nvestigator					
Office Pho		_				
858-616-4	THE REPORT OF THE PROPERTY OF					
Office Loc San Diego,		7				
Jan Diego,		<u> </u>	*			
Brief Report of Contact						
Account N		7				
Account N	thcy Closed Door					
012-14833		7				
Purpose o		1				
i .		Division regi	uesting information from agency			
	clarification of a 222 Blank 💹 Divi					
Invoice N						
Product:			•			
Follow Up Required:						
© No ○ Yes * required						
Comments	::					

 $file: //C: \label{local_settings} Temporary\ Internet\ Files \label{local_settings} Contact\ Form\ (SC0...\ 5/1/2007). The settings \label{local_settings} Temporary\ Internet\ Files \label{files} Tempor$

Page 2 of 2



Fallbrook Phcy Closed Door (012-148338) DEA license expired on 09-30-06. DEA did not renew and pharmacy was on administrative hold.

Called Theresa to check status.

Theresa states that they have advised pharmacy that they may continue doing business until further action is taken pending further

ue 🔀

Copyright © 2002 AmerisourceBergen - All Rights Reserved

file://C:\Documents and Settings\ab2971\Local Settings\Temporary Internet Files\OLK28\Contact Form (SC0... 5/1/2007